

**USE REPORT
WEST NILE VIRUS (WNV) LARVICIDING INFORMATION**

GENERAL INFORMATION FOR ANY YEAR

If your municipality uses any larvicide in catch basins/storm drains during the ANY YEAR, it is imperative to send this information to the address below at the completion of the larviciding program. Remember, it is a condition of obtaining the special time-limited permit and complies with state pesticide regulation.

If your municipality does not use larvicide during the ANY YEAR, **you still must report to the address below.**

NOTE: THE NEXT YEAR permits will not be issued unless this information is received.

Send both Parts 1 and 2 (see below) of USE REPORT to:

**Department of Food and Agriculture
Pesticide Bureau, Suite 500
251 Causeway Street
Boston, MA 02114-2151**

ATTN: MARK S. BUFFONE, LARVICIDE USE REPORT for any year

Application records must be kept for each separate day that applications are made. These records must list:

Name of the city/town

Name of the applicator

The pesticide applied (brand name and EPA Registration Name)

The times of the application

Method of application

Total amounts applied per day

Location (streets) where catch basins/storm drains were applied to

AN EXAMPLE

City/Town: Boston

Applicator: Joe Coffee **Date:** June 17, 2004 **Time applied:** 7- 10 AM 3 HOURS

Brand Name: Altosid Pellets **EPA REG NO:** 2724-44 **Application Method:** Hand

TOTAL AMOUNT APPLIED FOR THE DATE: 25 pounds (not grams etc)

Locations of applications/ basins: see attached map (or you can list the individual street names)

**USE REPORT FOR WEST NILE VIRUS LARVICIDING
PART 1**

IMPORTANT: *This form should be completed for each separate day that applications are made. This form can be reproduced.*

1. CITY/TOWN: _____

2. APPLICATOR(S): _____

3. DATE OF APPLICATION: _____

4. APPLICATION METHOD: HAND _____ OTHER _____

5. RECORD, WHICH PRODUCT (S) USED:

Methoprene Insect Growth Regulator (IGR)

♦ PRODUCT NAME: _____ EPA REGISTRATION NUMBER: _____

♦ PRODUCT NAME: _____ EPA REGISTRATION NUMBER: _____

Bacillus thuringiensis israelensis (Bti)

♦ PRODUCT NAME: _____ EPA REGISTRATION NUMBER: _____

Bacillus sphaericus (Bs)

♦ PRODUCT NAME: _____ EPA REGISTRATION NUMBER: _____

♦ PRODUCT NAME: _____ EPA REGISTRATION NUMBER: _____

6. Provide the number of catch basins treated on this application date: _____

7. List the approximate number of hours it took to treat catch basins: _____

8. Record the TOTAL AMOUNT USED FOR THIS DATE: _____

NOTE: Do not report in grams. Clearly indicate **POUNDS (LBS)** (see conversion chart page 5)

9. List streets and roads where catch basins were treated **OR** Provide a map of the municipality with the streets and roads be highlighted. Note: Use a different color-marking pen for each day of application and attach map to this form.

a. _____

b. _____

c. _____



THE COMMONWEALTH OF MASSACHUSETTS
Executive Office of Environmental Affairs
Department of Agricultural Resources
251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax 617-626-1850 www.Mass.gov/AGR



MITT ROMNEY
Governor

ELLEN ROY HERZFELDER
Secretary

KERRY HEALEY
Lieutenant Governor

DOUGLAS P. GILLESPIE
Commissioner

PART 2

SUMMARY FORM

USE RECORD FOR WEST NILE VIRUS LARVICIDING

(Please print and provide the following information)

Name: _____

Title: _____

Address: _____

City or Town: _____

The Year you are reporting that larvicide was used _____

E-mail: _____

Phone: _____ FAX: _____

West Nile Virus Larvicide Summary Table

City/Town Name	Total # Catch Basins Treated	Product Trade Name	EPA REG #	NAME OF ACTIVE INGREDIENT	Total Pounds Product Used (use conversion form to convert to LBS)	Range of Dates Covering Treatments

NOTE: Some municipalities use two different products and/or are members of a mosquito control project. Please use the same table above to record the totals for these situations too. In other words, we need a true total of how much and what kind of larvicide was used in catch basins for the entire municipality. You may want to designate a sub total for the mosquito control project and for a particular Department in the municipality with a grand total. Also, this may be true for the case of two different Department's using materials within the same city/town too. This will help us to have an accurate picture of the total amounts of catch basins treated and the product(s) used for each municipality.

CONVERSION CHART AND EXAMPLE

Vectolex WSP = 10 grams

Altosid XR briquet= 46 grams

Vectolex CG =3.3 grams

Altosid 30-day briquet = 7 grams

Altosid pellets (2/3 tablespoon)=7 grams

Mosquito BTI Dunks=14.67 grams

1 Pound (lb) = 454 grams

FORMULA FOR CONVERSION

Of catch basins (MULTIPLIED BY) grams = total grams

TOTAL grams (DIVIDED BY) 454 grams= total lbs

EXAMPLE-3, 112 catch basins TIMES 7 grams (ONE 30-DAY BRIQUET PER CATCH BASIN) =21, 784 grams

21,784 grams DIVIDED BY 454 GRAMS = 47.9 lbs OR 48 POUNDS
